

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ASD</i>	<i>75331</i>	
O.I.P.E. CLASSIFIER	<i>ASD</i>		<i>9/27/00</i>
FORMALITY REVIEW		<i>CAK-177</i>	<i>11-16-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                      I ..... Interference  
- (Through numeral) ... Canceled      A ..... Appeal  
+ ..... Restricted                      O ..... Objected

Claim	Date
Final Original	
1	<i>6/27/00</i>
2	<i>6/27/00</i>
3	<i>6/27/00</i>
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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